



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

Email Address: cbowers@woodlawnhospital.com

Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22353807
Outpatient Patient Service Revenue	\$123467483
Total Gross Patient Service Revenue	\$145821290

2. Deductions From Revenue

Contractual Allowance	\$88961607
Other Deductions	\$0
Total Deductions	\$88961607

3. Total Operating Revenue

Net Patient Service Revenue	\$56859683
Other Operating Revenue	\$7889176
Total Operating Revenue	\$64748859

4. Operating Expenses

Salaries and Wages	\$26088271	Employee Benefits	\$6429865
Depreciation and Amortization	\$1739268	Interest Expense	\$490254
Bad Debt	\$3682288	Other Expenses	\$23743217
Total Operating Expenses	\$62173163		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4686721	Total Assets	\$53046436
Net Non-operating Gains over Loss	\$11828012	Total Liabilities	\$53046436

Total Net Gains	\$7141291
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41557939	\$41513234	\$44705
Medicaid	\$16684709	\$12836787	\$3847922
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$87590562	\$38293874	\$49296688
Total	\$145833210	\$92643895	\$53189315

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$15868	\$34512.95	\$-18644.95
Community Education	\$1161	\$0	\$1161

Number of Medical Professionals Trained	340
Number of Hospital Patients Educated	763
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1044333
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1044333	
HCI Payments	\$0		
Subtotal	\$0	\$1044333	\$-1044333
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$790,339		
Subtotal	\$790339	\$0	\$790339
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$3644953.50	\$0	
Total	\$4435292.5	\$0	\$4435292.5

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$457849	\$-457849
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$224.69	\$98690.97	\$-98466.28
Other Allocations	\$0	\$0	\$0

Comments

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